

Billing for Tobacco Cessation Counseling In Local Health Departments

HOW ARE TOBACCO PRODUCTS DEFINED?

Tobacco products are defined as combustible products (e.g., cigarettes, cigars, little cigars, pipes, hookah), smokeless tobacco products (e.g., chew, spit, Snus) and electronic nicotine delivery systems (e.g., e-cigarettes, e-hookah).

WHO SHOULD RECEIVE TOBACCO CESSATION SCREENING AND COUNSELING?

Tobacco use screening and counseling should be provided to all adults; to all children and youth; and to parents, family members, or caregivers of children and youth present at the visit.

WHO SHOULD PROVIDE TOBACCO CESSATION SCREENING AND COUNSELING?

Counseling for tobacco use should be provided by all qualified staff regardless of their ability to bill for the service. Clinical Practice Guidelines deem that *every patient at every visit* should have tobacco use status assessed and appropriate referral made for those willing to quit and a brief motivational intervention for those not ready to quit.

WHEN CAN A PROVIDER BILL FOR TOBACCO CESSATION SCREENING AND COUNSELING?

A provider may bill for screening and counseling provided to adults, children, and youth who are patients of the local health department with the exceptions cited below in the Billing Issues section.

WHICH PROVIDERS CAN BILL FOR TOBACCO CESSATION SCREENING AND COUNSELING?

January 2009 Medicaid Bulletin a <http://www.ncdhhs.gov/dma/bulletin/pdfbulletin/0109bulletin.pdf>:

In addition to **physicians, nurse practitioners, and health departments**, these codes can be billed “incident to” the physician by the following professional specialties: **licensed psychologists, licensed psychological associates, licensed clinical social workers, licensed professional counselors, licensed marriage and family counselors, certified nurse practitioners, certified clinical nurse specialists, licensed clinical addictions specialists or certified clinical supervisors**. Practitioners must continue to follow the guidelines for services provided “incident to” the physician. Refer to the article titled *Modification in Supervision When Practicing “Incident To” a physician* in the October 2008 general Medicaid bulletin (<http://www.ncdhhs.gov/dma/bulletin/1008bulletin.htm>) for additional information.

More information is available at: <http://www.ncdhhs.gov/dma/bulletin/pdfbulletin/0109bulletin.pdf>

Physicians, Nurse Practitioners and Physician Assistants enrolled under their own NPI number may bill for tobacco cessation counseling.

REGISTERED NURSE BILLING

In addition to the previously published list of providers of smoking cessation, local health departments can bill for these services when provided by an RN who has demonstrated competence in the tobacco cessation program **in use in their agency**. These services are being provided under the supervision of the MD, NP or PA. <http://www.ncdhhs.gov/dma/bulletin/0900Bulletin.htm#>.

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TRAINING AND OTHER REQUIREMENTS FOR REGISTERED NURSES TO BILL IN LOCAL HEALTH DEPARTMENTS

In order for RNs to bill for tobacco cessation screening and counseling the following requirements apply:

1. **Complete a qualified 5A's tobacco cessation training program.** A list of training options is available at the Division of Public Health website <http://publichealth.nc.gov/lhd/>.
2. **Provide a Certificate of Training Completion** to their agency. The agency is responsible for maintaining this list for audit purposes.
3. **Operate Under Standing Orders** – Each local health department must develop Standing Orders. A sample template for Tobacco Cessation Counseling Standing Orders is available at <http://publichealth.nc.gov/lhd/>.

DEMONSTRATION OF COMPETENCY IN TOBACCO CESSATION SCREENING AND COUNSELING

- All staff providing tobacco cessation screening and counseling should undergo training based upon Clinical Practice Guidelines, *Treating Tobacco Use and Dependence 2008 Update*.
- RNs who bill are required to obtain training for tobacco use treatment. Training options are found at: <http://publichealth.nc.gov/lhd/> under the header "Tobacco Use".

DOCUMENTATION OF TOBACCO CESSATION SCREENING AND COUNSELING

Documentation of tobacco use screening and counseling must include use of 5A's counseling, type and amount of tobacco used, the outcome of counseling session (plan of action including referral and follow-up), and length of service provided.

Sample Documentation Forms (these are not required but may provide guidance for documentation)

1. Prenatal and Postpartum - <http://www.youquittwoquit.com/PracticeResources.aspx>
2. Electronic Health Record - http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/ehr-tobacco-cessation.pdf

CPT CODES USED FOR TOBACCO CESSATION COUNSELING

CPT Codes – Medicaid; Medicare – Symptomatic Patients

99406 – Intermediate visit (3-10 minutes) (\$11.93)
99407 – Intensive visit (> 10 minutes) (\$23.05)

CPT Codes – Medicare (Part B) (Asymptomatic Patients)

G0436 –Intermediate visit (3-10 minutes)
G0437 – Intensive visit (> 10 minutes)

Short Descriptors

99406 and G0436 – Tobacco use and counsel 3-10 min.
99407 and G0437 – Tobacco use and counsel > 10 min.

ICD-9 Code: 305.1 or V15.82 (tobacco use disorder)

File in addition to visit's E&M code

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BILLING ISSUES IN LOCAL HEALTH DEPARTMENTS FOR ALL PROVIDERS

1. Family Planning Waiver (FPW) – Services required to manage or treat medical conditions including treatment for tobacco dependence during a FPW screening are **not reimbursable**. However, patients who use tobacco should be provided counseling and referred to QuitlineNC for assistance.
2. Prenatal Clinic Visit – Qualified staff may bill for a prenatal clinic visit *and* for tobacco cessation counseling on the same day.
3. Child Health Preventive Visit – Qualified staff may bill for the visit *and* tobacco cessation counseling for the teen or adolescent.
4. Tobacco cessation counseling cannot be billed in addition to a postnatal home assessment, skilled nurse visit, newborn home visit, OB Care Manager visit (OBCM), or Care Coordination for Children (CC4C) visit. However, patients who use tobacco should be provided counseling and referred to QuitlineNC for assistance.
5. Medicaid does not reimburse for counseling for tobacco cessation in the home setting by any type of provider.
6. Counseling provided to parents, family members and caregivers is not billable but should be documented in the child's chart as secondhand smoke exposure prevention.

TOBACCO CESSATION REFERRAL RESOURCES

QuitlineNC – There are three ways to enroll:

- Fax Referral – <http://www.quitlinenc.com/health-professionals/practice-resources/resources-for-your-practice>
- Call 1-800.QUIT.NOW (1-800-784-8669); Spanish language portal: 1-855-DEJELO-YA (1-855-335-3569)
- Web Enroll at www.quitlinenc.com.

Web Coach – www.QuitlineNC.com

You Quit Two Quit – (Pregnancy and Post-partum)
www.youquittwoquit.com

BeTobaccoFree.Gov – www.betobaccofree.gov

The Real Cost (Youth/Teens):
<http://therealcost.betobaccofree.hhs.gov/>

Quit Tobacco – Make Everyone Proud –
www.ucanquit2.org (Military/Veterans)

There may be other counseling resources available in your community (e.g., QuitSmart, FreshStart, Freedom from Smoking, NC 211).

SmokeFree.gov – www.smokefree.gov

Become An Ex – www.becomeanex.org

Freedom From Smoking On-line–
www.ffsonline.org

My Last Dip – www.mylastdip.com

Tobacco Resources for People Living With
HIV/AIDS – www.positivelysmokefreeme.com